

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073



FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

IA ETHICS AND
CAMPAIGN DISCLOSURE 3D
2009 OCT 28 AM 11:42

COMMITTEE NAME (Must be same as on Statement of Organization)

WUTCHER FOR COUNCIL

IMPORTANT: Indicate by # type of committee you are reporting for: 16

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC
(11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

IAN WUTCHER

Political Party (if applicable)

Office Sought

WAKEFIELD CITY COUNCIL

District (if Senate or House)

FORM DR-2 (Rev. 07/2007)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	_____
Logged In	_____
Scanned	_____
Computer	_____
Audited	_____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

[Signature]

SIGNATURE OF PERSON FILING REPORT

515-226-8478

TELEPHONE

10/28/09

DATE SIGNED

I AM FILING A 10-24-09 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

(report date)

Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

NOVEMBER 3, 2009

County & Local Committees, enter County in
which Election is held

DALLAS

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$

-0-

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

\$1,495.00

Schedule F: Loans Received total (Attach Schedule F)

1,885.51

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

-0-

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

\$

3,380.51

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (*also see debts and loans below)

1,885.51

Schedule F: Loan Repayments total (Attach Schedule F)

-0-

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$

1,495.00

**UNPAID BILLS (From Schedule D - Attach Schedule D)

\$

2,109.00

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$

-0-

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$

1,885.51

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES X NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

-0-

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)**DUTCHER FOR COUNCIL****SCHEDULE****A**

(Rev. 07/03)

**MONETARY
RECEIPTS**☐ CHECK THIS BOX IF
AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10-24-09	ID# CK#	TOM FISH 1007 WATERPLANT DR. ANKENY, IA 50023		\$ 40.00	<input type="checkbox"/>
10-24-09	ID# CK#	GELLY NEUGENT 2410 PARK AVE. DES MOINES, IA 50321		150.00	<input type="checkbox"/>
10-24-09	ID# CK#	BILL KNAPP II 5220 NW 70TH PLACE JOHNSTON, IA 50131		150.00	<input type="checkbox"/>
10-24-09	ID# CK#	BILL KNAPP I 4449 WESTOWN PKWY. SUITE 200 WEST DES MOINES, IA 50266		300.00	<input type="checkbox"/>
10-24-09	ID# CK#	BILL WRIGHT 8239 BUCHANAN WALWALK, IA 50211		100.00	<input type="checkbox"/>
10-24-09	ID# CK#	PHIL AKASON 2895 BELEY DR WAUKEE, IA 50263		50.00	<input type="checkbox"/>
10-24-09	ID# CK#	BRAD SCHUENFELDER 3110 157th ST URBANDALE, IA 50323		100.00	<input type="checkbox"/>
10-24-09	ID# CK#	DEANIS & CYNTHIA VORHAGE 3273 ASHWORTH RD. WAUKEE, IA 50263		100.00	<input type="checkbox"/>
10-24-09	ID# CK#	RANDALL MINER 4426 PLUMWOOD DR. W. DES MOINES, IA 50265		200.00	<input type="checkbox"/>
10-24-09	ID# CK#	TERLY GEBALD 8127 MADEFIELD JOHNSTON, IA 50131		50.00	<input type="checkbox"/>

SUB-TOTAL

\$ 1,240

TOTAL (if last page of this schedule)

\$

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 2
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

DUTCHER FOR COUNCIL

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 58B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10-24-09	ID# CK#	DON BAILEY 685 3RD ST. WAUKEE, IA 50263		\$ 25.00	<input type="checkbox"/>
10-24-09	ID# CK#	JOE LEHARBY 32166 UTE AVE. WAUKEE, IA 50263		50.00	<input type="checkbox"/>
10-24-09	ID# CK#	CINDY McCALLEY 1875 NW POLK CITY DR ANKENY, IA 50023		30.00	<input type="checkbox"/>
10-24-09	ID# CK#	PHILIP E. BRODRICK 50 EAST UNIVERSITY AVE WAUKEE, IA 50263		50.00	<input type="checkbox"/>
10-24-09	ID# CK#	TIM BRODRICK 395 HIGHWAY 6 WAUKEE, IA 50263		100.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 255.00

TOTAL (If last page of this schedule)

\$ 1495.00

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Page 2 of 2
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

DUTCHER FOR COUNCIL

DATE EXPENDED (MM/DD/YY)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10-1-09	ID# CK#	BIG DADDY'S SIGNS 1319 GREEN FOREST CT. SUITE 401-410 WINTER GARDEN, FL 34787	250 YARD SIGNS WITH WIRE STANDS	\$ 872.51
10-14-09	ID# CK#	IOWA LIVING MAGAZINE 414 61st ST. DES MOINES, IA 50312	1/4 PAGE AD IN WAAKAR LIVING MAGAZINE	450.00
10-22-09	ID# CK#	DES MOINES REGISTER 715 LOCUST ST. DES MOINES, IA 50309	AD IN WAUKEE SECTION OF DES MOINES REGISTER	396.00
10-7-09	ID# CK#	SIMPLE FILING, COM ON-LINE TAX ID FILING SERVICE - NO ADDRESS AVAILABLE	FEDERAL TAX ID NUMBER	167.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 1885.51
TOTAL (if last page of this schedule)				\$ 1885.51

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(f).)

Page 1 of 1

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

DUTCHER FOR COUNCIL

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

SCHEDULE

D

(Rev. 08/98)

INCURRED

INDEBTEDNESS

☐ CHECK THIS BOX
IF AMENDING
FORMDEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
(DO NOT INCLUDE LOANS - SHOW LOANS ON SCHEDULE F)

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period, regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
10-15-09	CREATIVE LEAP INC. 10200 HICKMAN COURT SUITE 100 CLIVE, IA 50325	WEB DESIGN, FLYER CARDS, LOGO, AD DESIGN, SIGN DESIGN	\$ 2,109.00
SUB-TOTAL			\$ 2,109.00
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 2,109.00

*If actual figure is unknown, show "estimated" beside the figure.

Page 1 of 1
(for Schedule D)

CANDIDATE COMMITTEES NOTE:

"Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant."

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

DUTCHER FOR COUNCIL

SCHEDULE

F

(Rev. 02/08)

LOANS
RECEIVED
& REPAYED☐ CHECK THIS BOX IF
AMENDING FORM

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ -0-

PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE (if Applicable)	AMOUNT OF LOAN
10-1-09	DAN DUTCHER 625 SOUTH FOLK DR WAUKEE, IA 50263	SELF	\$ 872.51
10-7-09	DAN DUTCHER 625 SOUTH FOLK DR WAUKEE, IA 50263	SELF	167.00
10-14-09	DAN DUTCHER 625 SOUTH FOLK DR WAUKEE, IA 50263	SELF	450.00
10-22-09	DAN DUTCHER 625 SOUTH FOLK DR WAUKEE, IA 50263	SELF	396.00

TOTAL (PART I)

\$ 1885.51

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD

(Loans forgiven must be reported on Schedule E - In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE (if Applicable)	AMOUNT REPAYED
			\$

TOTAL CASH REPAYMENTS (PART II)

\$ -0-

From Schedule E - TOTAL LOANS FORGIVEN

\$ -0-

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD

\$ 1885.51

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(for Schedule F)